

# Exam-Plus Integrated Vision Plan: Access Network

Blue 20/20 is administered by EyeMed Vision Care®, an independent company.

Vision care service	In-network member cost	Out-of-network reimbursement <sup>1</sup>
<b>Comprehensive eye exam</b>	\$20 copay	up to \$50
<b>Contact lens fit and follow-up<sup>2</sup></b> • Standard • Premium	up to \$55 10% off retail price	n/a n/a
<b>Retinal imaging</b>	up to \$39	n/a
<b>Enhanced Diabetes Eye Care Benefit<sup>3</sup></b> For members diagnosed with type 1 or type 2 diabetes	Paid in full: up to two diabetic eye exams and diagnostic testing every 12 months	n/a
<b>Frames</b>	\$130 allowance, then additional 20% off balance	up to \$74
<b>Standard plastic lenses</b> • Single vision • Bifocal • Trifocal • Lenticular • Standard progressive lens • Premium progressive lens	\$25 copay \$25 copay \$25 copay \$25 copay \$90 copay \$90 copay, then 80% of charge less \$120 allowance	up to \$42 up to \$78 up to \$130 up to \$130 up to \$140 up to \$196
<b>Lens options<sup>2</sup></b> • UV treatment • Tint (solid and gradient) • Standard plastic scratch coating • Standard polycarbonate • Standard polycarbonate for covered dependents under age 19 • Standard anti-reflective coating • Photochromic/Transitions® plastic • Polarized • Other add-ons	\$15 \$15 \$15 \$40 Paid in full \$45 20% off retail price 20% off retail price 20% off retail price	n/a n/a n/a n/a up to \$26 n/a n/a n/a n/a
<b>Contact lenses<sup>4</sup></b> • Conventional  • Disposable • Medically necessary	\$130 allowance, then additional 15% off balance \$130 allowance Paid in full	up to \$104  up to \$104 up to \$210
<b>Frequency</b> • Exam • Lenses for frames or one order of contact lenses • Frames	once every 24 months once every 12 months once every 24 months	

**Additional in-network savings and discounts**

**40% OFF** a complete second pair of glasses

**20% OFF** non-prescription sunglasses

**15% OFF** retail price or 5% off promotional price for laser vision correction through U.S. Laser Network

**Customer service:**  
**1-855-875-6948**  
To locate an in-network provider, visit [blue2020ma.com](http://blue2020ma.com).  
\*Registration not required to search for providers.

**Save on hearing exams and hearing aids**

Offered by Amplifon Hearing, an independent company.

To learn more about the savings available, visit [amplifonusa.com/blue2020](http://amplifonusa.com/blue2020).

Call **1-866-921-5367** to get started.

Choose from thousands of independent and retail providers including:



For costs and further details of the coverage, including exclusions, please refer to your member booklet.

1. Your actual expenses for covered services may exceed the stated out-of-network amount.
2. Indicates a service that is a discounted arrangement as part of your vision plan.
3. Discount applies to materials only and not fittings for contact lenses.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call the EyeMed Network/Patient Services number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de EyeMed Network/Servicio al Paciente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se você não fala inglês, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para a EyeMed Network/Serviços ao Paciente usando o número no seu cartão de ID (TTY: 711).